

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service (DOS) 02/22/02?
 - b. The request was received on 06/06/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOB and retrospective review of original audit
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/25/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 06/26/02. The response from the insurance carrier was received in the Division on 07/10/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: no position statement submitted
2. Respondent: letter dated 07/10/02

“The requester billed for this level of service, without providing documentation consistent with the level billed, and... none consistent with the compensable injury.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 02/22/02.
2. The Carrier's EOB has the denial “F – RULE 133.1 REQUIRES THE SUBMISSION OF LEGIBLE SUPPORTING DOCUMENTATION, THEREFORE, REIMBURSEMENT IS DENIED” and the Carrier's retrospective review of the original audit states, * - “Documentation submitted does not support casual relationship to the compensable injury of ____”.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/22/02	99213	\$53.00	\$0.00	F, *	\$48.00	Texas Workers' Compensation Act & Rules, Rules 133.304 (c) & (j), MFG, CPT descriptors	The carrier's denial "F" and its accompanying explanation, indicates the carrier believes there is a lack of "legible supporting documentation." The requestor's dispute packet contains adequate legible documentation to support the services were performed as billed. The reason for denial given by the carrier on its response to the request for reconsideration would require the carrier to file a TWCC-21 per Rule 133.304 (j). A review of the Commission's case file and records finds no such filing by the Carrier. Therefore, the provider is entitled to reimbursement of \$255.00.
02/22/02	72070-WP	\$104.00	\$0.00	F, *	\$56.00		
02/22/02	72110-WP	\$168.00	\$0.00	F, *	\$100.00		
02/22/02	72170-WP	\$85.00	\$0.00	F, *	\$51.00		
Totals		\$410.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$255.00

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$255.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of November 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division